

Name in Full

Certificate of Death

Mary Calaway
 Town *Galilee* County *Dorchester* MARYLAND

Died at *1902* Month *May* Day *27* Y. *62* M. *62* D. *62* Native of *Dorchester* Occupation *Lady*
 Date 189 *1902* Age *62*
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living *0*

Husband of *James T. Calaway*
 Wife *James T. Calaway*
 Father's Name *Thomas J. Russell* Mother's Name *Elizabeth Russell*

Cause of { Primary *Kidney trouble* How long sick *4 months*
 Death { Immediate *Heart failure* ~~Accident, Suicide, Homicide~~

Reported by *Dr. C. R. Asher* *120*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

May 21

Age 22 - -

Md.

House Keeper

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Agnes Chass

Cambridge Dorchester

Solomon Chass

Joseph Ross

Hester Cornish

Tuberculous laryngitis

Pulmonary complication

Wilbur A. Drake, M.D.

Cambridge

Dorchester Co.



Anna Elizabeth Chase

Town County
 Died at Cambridge Dorchester MARYLAND
 Date 1902 May 27 Age 35 6 - Native of Ind Occupation House work
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living two

Husband of Joseph S. Chase
 Wife
 Father's Name John Driver Mother's Maiden Name Jane Evers

Cause of Death { Primary Tuberculosis 27 How long sick
 Immediate Pulmonary Hemorrhage Accident, Suicide, Homicide

Reported by Wilbur G. Drake, M.D.
 Address Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Evelin [✓] ClassDied at ^{Town} Crombridge Dist. ^{County} Dorchester.

MARYLAND

Date 1902	Month 5	Day 20	Age 2	Y. 1	M. 2	D. 20	Native of Md.	Occupation
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of _____

Wife _____

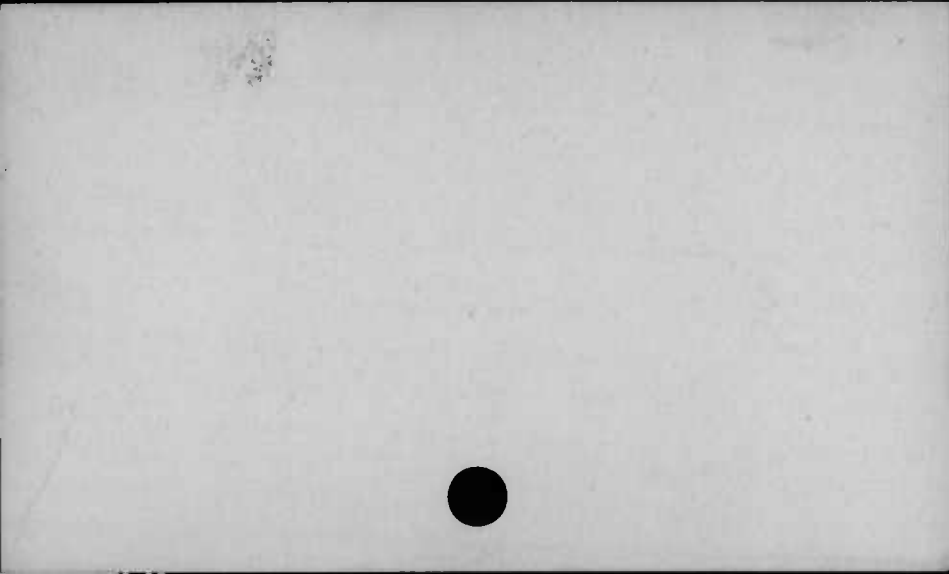
Father's Name	George Chase	Mother's Maiden Name	108
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Cause of Death	Primary	Intussusception	How long sick	16 days
	Immediate	Hemorrhage	Accident, Suicide, Homicide	

Reported by F. M. Farmer M.D.

Address Vienna Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Collins

Died at ^{Town} Woodford^{County} Winchester

MARYLAND

Date ¹⁹⁰² May 28 Age 73 Y. M. D. Native of Maryland Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Single~~ Female ~~Colored~~ ~~Single~~ Widower Number of children living 4

Wife of Charles H. Collins

Father's Name Amos O. Kelly Mother's Name Susan Kelly

Cause of Death { Primary Chronic Enteritis How long sick 105w. Several Months

Death { Immediate

~~Accident, Suicide, Homicide~~

Reported by B. L. Smith M.D.

Address Madison Ma.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name in Full

Certificate of Death

Eliza Cornish ✓

Town

County

Died at

Coulmby

Dorchester

MARYLAND

Date

1902

Month

May

Day

1

Age

Y.

80

M.

D.

Native of

Occupation

Housewife

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Ked Moore

Mother's

Name

Hennie Moore

Cause of

Primary

Old age

154

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

~~John Moore~~ Ellen. St. L. Marks

Address

John Moore and Coulmby Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Estelle Cornish

Died at ^{Town} Black Water, ^{County} Dorchester

MARYLAND

Date 1902 ^{Month} May ^{Day} 1 ^{Y.} Age 17 ^{M.} 8 ^{D.} - ^{Native of} Ind ^{Occupation} _____

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of

Wife

Father's Name William Cornish Mother's Name Sarah Jane Kamper

Cause of Death { Primary Tuberculosis How long sick 8 weeks
 Immediate Acute Pulmonary Tuberculosis Accident, Suicide, Homicide

Reported by

Address

Wilbur A. Drake M.D.
 Cambridge Worcester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75895



James Carmish
 Town County
 Died at near Jacktown (State Bank) Dorchester MARYLAND
 Date 1902 May 5 Y. M. D. Age 33 Native of Md. Occupation Former
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 4

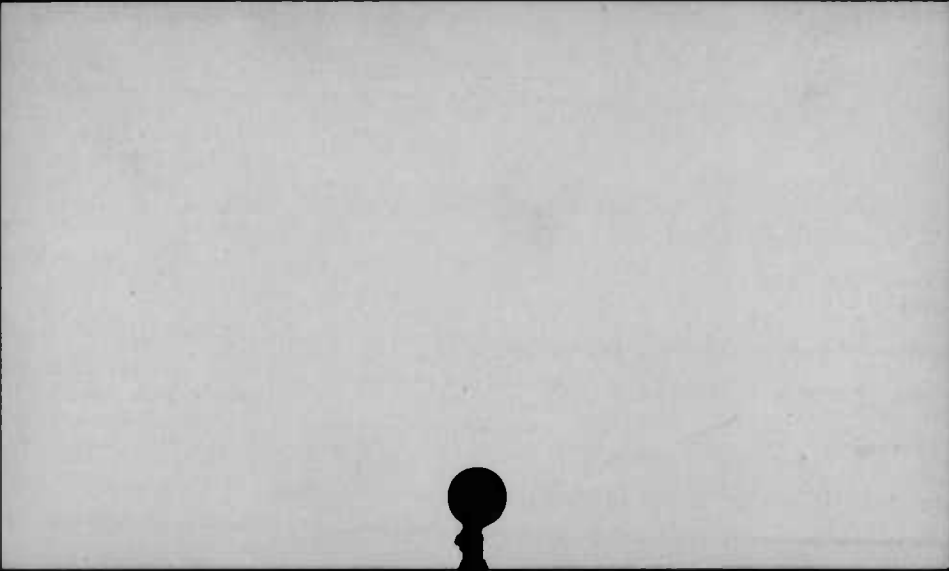
Husband of Susan E. Cornish.
 Wife
 Father's Name Mother's Maiden Name 27

Cause of Primary Tuberculosis How long sick
 Death Immediate Pulmonary Hemorrhage Accident, Suicide, Homicide

Reported by E. E. Wolff M.D.

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by father, undertaker or minister.



Gardner Klavis

Died at ^{Town} Egypt Road ^{County} Cambridge dist. Rochester MARYLAND

Date 1902 ^{Month} May ^{Day} 13 | ^{Y.} Age 26 ^{M.} - ^{D.} - | ^{Native of} Md. | ^{Occupation} Farmer

Male ^{White} Married ^{Widow} Divorced ^{Female} Colored ^{Single} Widower Number of children living 2

Husband of Ida Klavis

Wife of Spry Klavis

Father's Name Maiden Name

Cause of Death { Primary ^{Phthisis} Pulmonary | How long sick 6 months

Death { Immediate | Accident, Suicide, Homicide

Reported by Dr. Maguire Md.

Address Church Creek Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



✓
Geo. E. Dary

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

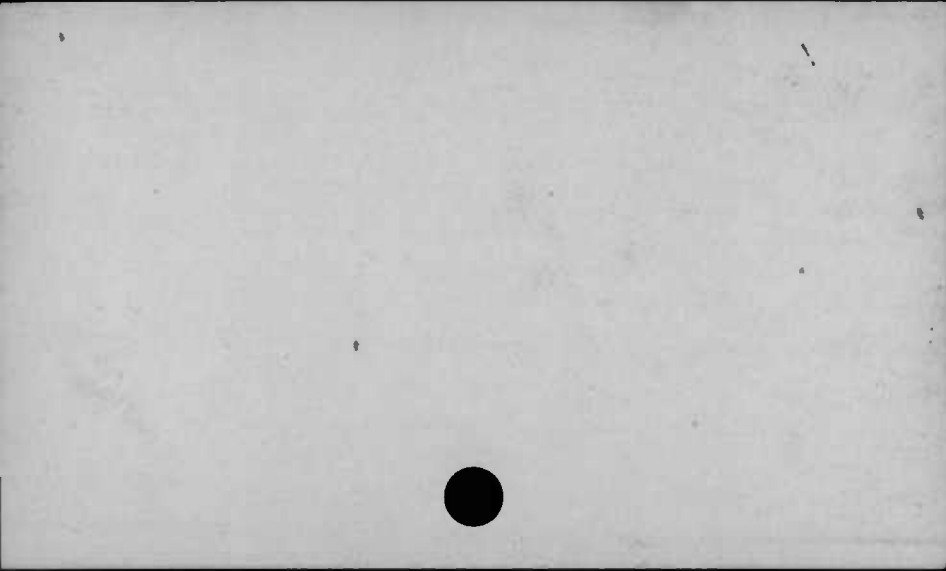
Reported by

E. E. Wolff. M.D.

Address

Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wilbur Henry Dixon.

Town

County

Died at

Cambridge Dorchester

MARYLAND

Date 1902

Month Day

6-24

Y.

M.

D.

Age

3

6-

Native of

Md

Occupation

Child

Male

WhiteMarriedWidowDivorcedFemale

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John Dixon

Bethena Jones

Cause of

Primary

Bubala Infantum

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E. E. Wolff M.D.

Address

Cambridge

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Ellis Sr

Town

County

Died at Edgestown

MARYLAND

Date 189 1902 Month May Day 25 Age 93.5 Y. M. D. Native of Del Occupation Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

8

Husband of Elizabeth Hearn

Wife of Elizabeth Hearn

Father's Name Joseph Ellis

Mother's Name Amy Prochitt

Cause of Death { Primary Brights Disease Immediate Heart Failure How long sick 2 years Accident, Suicide, Homicide

Reported by Dr. C. H. Osler

Address Edgestown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Florence Heimler

Town

County

Died at

Dorchester Dorchester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5-5

Age 30

Md

House work

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Alfred Heimer

Lizzie Briel

How long sick

Cause of

Primary

Death

Immediate

Dropsy
J. J. Heimer
Vienna

177

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robin Henry Earl ✓
 Town County

Died at *in Vienna Dist Potomac* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1902 *May* Age *21* *Orchard Farmer*
 Male *White* Married *Widow* Divorced
 Female Colored Single *Widower* Number of children living

Husband of

Wife *John Henry* Mother's *May Henry*
 Father's Name Maiden Name

Cause of Death { Primary *Tuberculosis* How long sick *2 years*
 immediate *no* Accident, Suicide, Homicide

Reported by

Address

S. S. Ennell
Vienna
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1904

~~Male~~

Female

Town

Month

Day

Age

Y.

M.

D.

Native of

Occupation

White

Married

~~Widow~~~~Divorced~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79822



Name in Full

Certificate of Death

William Marshall Holmes

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May

3

Age

10

-

-

Ind

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Wm. H. Allen

Maiden Name

Mother's

Sarah Arcky

Cause of

Primary

Scrophulous & Consumption

How long sick

6 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

L. A. Haefner

Address

Huslock

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79098



Name in Full

Certificate of Death

Robert Percy Howeth ✓

Died at *Hurlock* Town *Dorchester* County *MARYLAND*

Date 1902 *May* *27* Month Day Y. M. D. Age *7* *11* *26* Native of *Ind* Occupation
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *166*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

William W. Howeth *Sarah Emma Hazzard*

Cause of

Primary

How long sick

*Killed by being run over
by an Oil Wagon*

Death

Immediate

Accident, ~~Suicide~~, Homicide

Reported by

L. A. Haefner

Address

Hurlock

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Vance Johnson
 Town County

Died at

MARYLAND

Date 19

02

May

19

Age

60

Y.

M.

D.

Native of

Occupation

Dor

md Laborer

Male

White

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Brights chronic

How long sick

6 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

R Kemp Jefferson

Address

Federalburg md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lama F Jones

Died at ^{Town} Elliotts ^{County} Dorchester

MARYLAND

Date 19 02 5-24 Age 49 Native of Mo Occupation wife
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of Isaac W Jones
 Wife
 Father's Name Bazillia Evans Mother's Maiden Name Margaret Evans

Cause of Primary How long sick about 1 year
 Death Immediate Tuberculosis Accident, Suicide, Homicide

Reported by A J Heitch

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Kelly

Town

County

Died at

Woodlawn

Dorchester

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	May	28	Age	73		Maryland	Housewife
Male	White	Married			Widow	Divorced	
Female	Colored	Single			Widower	Number of children living	4

~~Husband~~ of Charles H. Collins

Father's Name Annas O. Kelly

Mother's Name Susan Kelly

Cause of Death { Primary Chronic Enteritis

How long sick Several Months

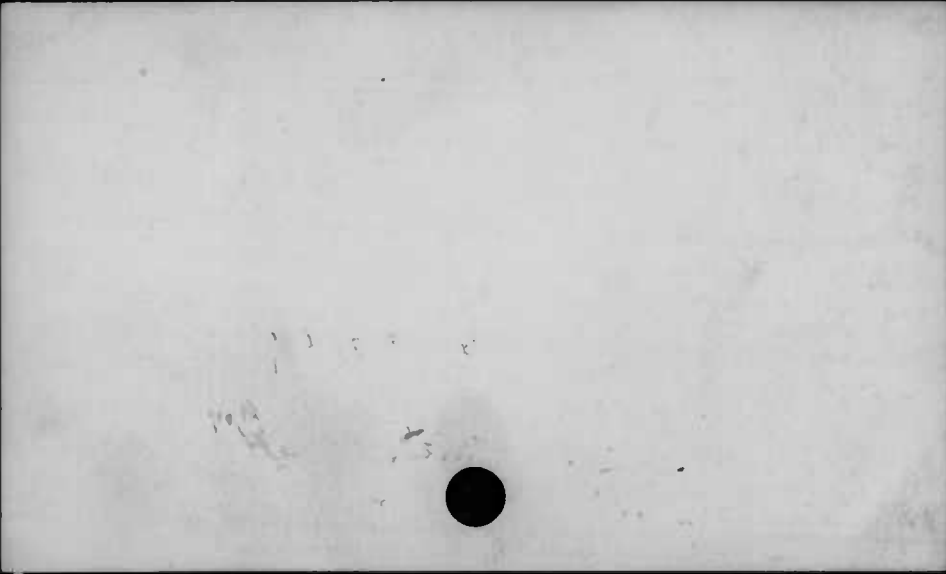
Death { Immediate

106
~~Accident, Suicide, Homicide~~

Reported by B. L. Smith M.D.

Address Madison Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Herman V. W. Law
 Died at Church Creek Blotched MARYLAND
 Date 19 02 Month 5 Day 1 Age 16-1-15 Native of Maryland Occupation Laborer
 Male White Married Widow Divorced
Single Colored Widower Number of children living

Father's Name Evans Law Mother's Maiden Name Mary Dixon
 Cause of Death { Primary Phthisis How long sick 31 days
 Immediate Pulmonary Aneurysm Accident, Suicide, Homicide

Reported by H. Maguire M.D.
 Address Church Creek Md.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs. E. D. Lord

Died at Rhodisdale

Town

Overchester

County

MARYLAND

Date 1902 May 13

Month

Day

Age 28

Y.

M.

D.

Native of

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

One

Husband of

E. D. Lord

Father's Name Wm Thum

Mother's

Maiden Name

Hester Thum

Cause of

Primary

Tuberculosis

Death

Immediate

Prostration

How long sick

One year

~~Accident, Suicide, Homicide~~

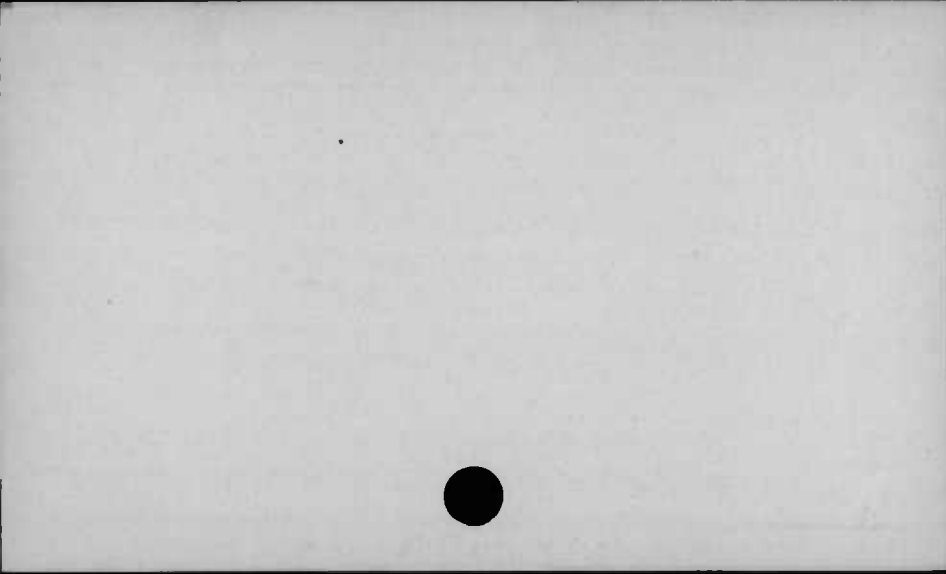
Reported by

Address

R. J. Price

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Ida Mathews

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 23

Age 31

- Ind.

Oyster Shucking

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Wm Mathews

Mother's

Maiden Name

95 Jane Mathews

Cause of

Primary

Pulmonary Congestion

How long sick

3 months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

W. A. Drake M.D.

Address

Cambridge

Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Florence Agnes Mackins

Died at

Golden Hill

Town

County

Dorchester Co

MARYLAND

Date 19

02

May 11

Month

Day

Age

about 2 months

Native of

Ind.

Occupation

Infant

Female

Colored

Single

Widow

Number of children living

Husband

Wife

Father's

Name

- ? - 166

Mother's

Maiden Name

Ida Mackins

Cause of

Primary

Over lying (claustris)

How long sick

?

Death

Immediate

Asphyxia

Accident, ~~suicide~~, Homicide

Reported by

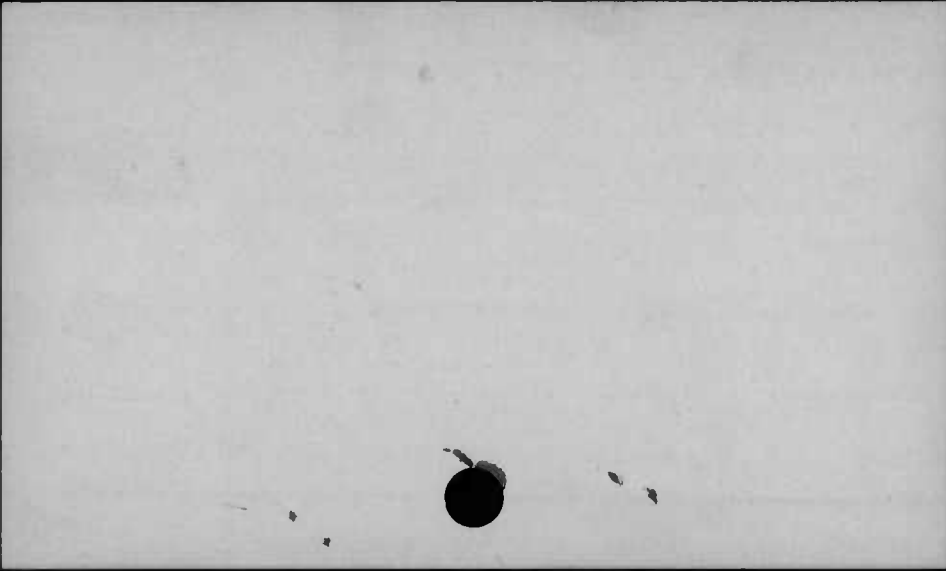
W.H. Houghton M.D.

Address

Golden Hill

Ind.

Must be signed by physician if in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lulea H. Molock

Town

County

Died at

Aircy

Dor.

MARYLAND

Date 189

1902

Month

Day

May 27

Age

Y.

M

D.

6

Native of

Md.

Occupation

☒ Male☒ White☐ Married☐ Widow☐ Divorced☐ Female☐ Colored☐ Single☐ Widower☐ Number of children livingHusband
of
WifeFather's
Name

Abraham Molock

Mother's
Name

Susie Molock

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

P. H. Stanley

Address

Aircy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



✓

Name in Full

Certificate of Death

Levin R. Moore

Town

County

Died at

Vienna

Dorchester

MARYLAND

Date 1902	Month May	Day 4	Y. 60	M.	D.	Native of Elliott, Md.	Occupation Farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	3

Husband

of

~~Wife~~

Bernie Moore

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic Gastritis

How long sick

7 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

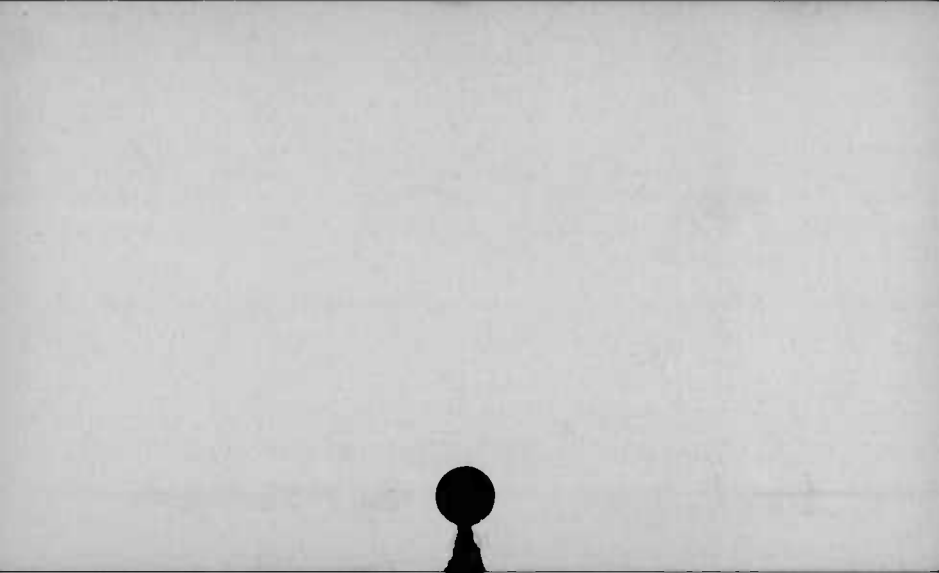
Reported by

R. J. Price

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

Male

White

~~Married~~~~Widow~~~~Married~~

Female

Colored

Single

~~Widower~~~~No. of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

T



John Ross

Died at Hopkenville Archester MARYLAND
 Town County
 Date 1964 May 31 Age 63 Y. M. D. Ind. Occupation Sailor
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Jane Evans
 Wife
 Father's Name Harry Ross Mother's Maiden Name Nancy Boor

Cause of Death { Primary Tuberculosis How long sick 6 mos
 Immediate 79
~~Accident, Suicide, Homicide~~

Reported by Laurence P Ashton J P
 Address Hopkenville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jacob Rumbach -

Died at

Town

Cambridge

County

Dorchester

MARYLAND

Date 1902

Month Day

May 9

Y. M. D.

Age 50

Native of

Germany

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living 3

Husband of

Wife

Katharine Rumbach

Father's

Mother's

Name

Maiden Name

Wife

Cause of

Primary

Paralysis

How long sick

One week

Death

Immediate

Hemorrhage in to Brain

~~Accident, Suicide, Homicide~~

Reported by

Dr. S. L. S. S. S.

Address

Cambridge, Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm. A. Simmons

Died at ^{Town} Hopkinsville ^{County} Winchester MARYLAND

Date 1904 ^{Month} May ^{Day} 23 ^{Y.} 65 ^{M.} - ^{D.} - ^{Native of} Ind ^{Occupation} Sailor
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Emma A. Ruark

Father's Name Mother's Maiden Name

Cause of Death	Primary	Chronic nephritis	How long sick	Some months
	Immediate	uraemia	Accident, Suicide, Homicide	

Reported by Dr. G. S. Loring

Address Cambridge, Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

15
15
30
25
20
10

715

Name in Full

Certificate of Death

Perry Wallace North -

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1912

May

1

Age

11

3

Ga

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Alex. Lake North

Sarah E. North

Cause of

Primary

Catarrhal Bronchitis

How long sick

8 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

S A Stokes 92 m.b.

Address

Gomersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25968

